Food Establishment Inspection Report – City/Town	of / /xbridge	
Establishment: NIK 1/ PIZZa	Date: 1/19/2022	Page 1 of _3_
Address: 294 N Main Still		e out:
Telephone: <i>598</i> → <i>78</i> - <i>5055</i> Permit No.:	Number of Violated Provision	s Related
Owner: Asim Chobile	to Foodborne Illness Ris and Interventions (Items 1 thr	
Person-in-charge: (1)	Number of Repeat Violation	
Inspector: Darle I Marken M	to Foodborne Illness Ris and Interventions (Items 1 thr	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC		ters and the medical and the state of the st
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS	S = corrected on-site during inspec	tion R = repeat violation
Compliance Status IN OUT NA NO COS R	Compliance Status	IN OUT N/A N/O COS R
Supervision 15 Food con	Protection from Contamin	ation
	parated and protected and protected &	
2 Certified Food Protection Manager	itact surfaces, cleaned &	
	sposition of returned,	
	y served, reconditioned &	
3 conditional employee; knowledge, unsafe fo		
responsibilities and reporting	Time/Temperature Control fo	or Sarety
4 Proper use of restriction and exclusion / 18 Proper co	ooking time & temperatures heating procedures for hot	
and diarrheal events		
	poling time and temperature	
L'Itobagga uga	ot holding temperature	
No discharge from even need and	old holding temperature	
/ mouth	ate marking and disposition	
Preventing Contamination by Hands 24 I Ime as a	a Public Health Control Consumer Advisory	
8 Hands clean & properly washed	er advisory provided for raw	<i></i>
9 No bare hand contact with ready-to-eat / 25 consume undercoo	ked food	<u> </u>
Adequate handwashing sinks properly supplied and accessible	Highly Susceptible Popula	12,23000
Γ	red foods used; prohibited fo ed	
Approved Source	ood/Color Additives and Toxic	Substances
11 Food obtained from approved source 12 Food received at proper temperature 17 Food add	litives: approved & properly	
Food received in good condition, cate & used		
13 unadulterated Toxic substantial, said, a 1/28 Toxic substantial, said, a 1/28 Stored &	ostances properly identified,	
Required records available: shellstock	used Conformance with Approved P	rocedures
tags, parasite destruction Complian	ice with variance / specialize	
process /	HACCP Plan	
Official Order for Correction: Based on an inspection today, the items marked "OL	JT" indicated violations of 105	CMR 590.000 and
applicable sections of the 2013 FDA Food Code. This report, when signed below by	a Board of Health member or	its agent constitutes
an order of the Board of Health. Failure to correct violations cited in this report may establishment permit and cessation of food establishment operations. If you are sub-		
renewal pursuant to 105 CMR 590.000 you may request a hearing before the board		
Date of Reinspection: Discussion with Person-in-Charge:	1111	
Date of Reinspection: Discussion with Person-in-Charge: 1/31/2002 Please make swe food & sinks	are jabelea	
1/3/1/2022		
2/1/2022		4
Signature of Person-in-Charge:		Date: (//1/22
Signature of Inspector: Dani	[Date: 1/11/2022

Food Establishment Inspection Report – City/Town of UX bridge

	<u> </u>				
Establishment:	Niko Pizza			Date: 1/19/2022	Page 2 of
	GOOD RETA	AIL PRACTICES	AND MASSACH	JSETTS-ONLY SECTIONS	
IN = in compliance	OUT= out of compliance	N/O = not observed	N/A = not applicable	COS = corrected on-site during ins	pection R = repeat violation

	Compliance Status	IN	OUT	N/A	NUO	cos	R
G1504 11 G S.	Compliance Status Safe Food and Water	l IIN	UUI	I IV/A	NO	COS	
1500 (A.C.)							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
	Food Temperature Contro	ol					
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
	Food Identification						
37	Food properly labeled; original container		/				
	Prevention of Food Contamin	atic	n				
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
	Proper Use of Utensils						
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
	Utensils, Equipment and Ven	din	g				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

appi	icable COS = corrected on-site during inspecti	ж	H =	repe	at v	olati	on
	Compliance Status	IN	OUT	N/A	N/O	cos	R
48	Warewashing facilities: installed,		7				
70	maintained, & used; test strips		V				<u> </u>
49	Non-food contact surfaces clean						
	Physical Facilities						
50	Hot & cold water available; adequate pressure						
51	Dlumbing installed; preper healflow						
52	Cowago P waste water properly						
53	Tailet feetureer property						
54	Carbago & refuse property						
55	Physical facilities installed						
56	Adequate ventilation & lighting; designated areas used		/				
1885A 1865V	Additional Requirements listed in 105	CM	R 5	0.0	11		
	Anti abalting procedures in food	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
M1	service establishment						
M2	Food allergy awareness						
	Review of Retail Operations listed in 10	5 C	MR	590.	010		
M	Caterer						
M	Mobile Food Operation						
M	Temporary Food Establishment						
Me	Public Market; Farmers Market						
M7	, Residential Kitchen; Bed-and- Breakfast Operation						
M	Residential Kitchen: Cottage Food Operation						
MS	School Kitchen; USDA Nutrition Program						
M1	Leased Commercial Kitchen						
M1	1 Innovative Operation					"	
	Local Requirements						
L1	Local law or regulation						
L2	Other						

	1 —	
Type of Operation(s):	Type of Inspection:	Other Information:
Food Service Establishment	☑ Routine	
☐ Retail Food Store	☐ Re-inspection	
☐ Residential: Cottage Foods	☐ Pre-operational	
☐ Residential; Bed &	□ Illness investigation	
Breakfast	☐ General complaint	•
☐ Mobile/Pushcart	☐ HACCP	
☐ Temporary Food Estab.	☐ Other	
☐ Other		

	/	
Signature of Person-in-Charge:		Date: / / / / / 9
	San	111111
Signature of Inspector:		Date: 1/19/2022

Food Establishment Inspection Report – City/Town of Uxbridge

Establishment: N11 11 Plan Date: 1/19/2022 Page 3 of 4

14	T (9F)	Temperature Obs	Temp (°F)	Item / Location	Temp (°F)
Item / Location	Temp (°F)	item / Location	Temp(r)	Item / Location	I cilib ()
Gatorall Frigge	37.5				
wellin Pritige	29				
tomalo	37				
mozzialla	41				
pa (an	4]		

		Observations and/or Corrective Actions	10-4-
Item		in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Foor	Date to Correct By
Number	Section of Code	Description of Violation	Date to conect by
	6-304.	No mechanical ventillation in bathroom	
	6-301.14	Hardwell and and consider labelled	
	<i>₹</i>	No mechanical ventillation in bathroom Hondwith and not connect labelled Did not wash hands before pulling on gloves (Au	
		·	
	3-302.12	Caleslan not labelled in Gatorade fridge	
	3-305.	Fred not covered in walk-in (COS)	
	3-302.12	Food not labelled in walk-in	
		Food not labelled in walk-in Cross-contamnation wifeod on the line 1(15)	
		Employee washing hards in 3-compartment ((OS)	
	4-50211	Employee washing hands in 3-compartment ((OS) 3-compartment and labelled	
		Will get vamil Kit from office	
		767 1000 7	
		Servs de - A sem Chabell - 8-22-2024 Allergen - 11/22/2021 (expired)	
		Allergen - 1422/2021 (Chpired)	

	•
Signature of Person-in-Charge:	Date: 19722
Signature of Inspector:	Date: 1/19/20 2)